



State of Arkansas
DEPARTMENT OF FINANCE AND ADMINISTRATION

PHONE (501) 682-1823
FAX (501) 682-5104

OFFICE OF
PERSONNEL MANAGEMENT

EVALUATOR'S FORM

EVALUATOR'S NAME: _____

AGENCY: _____

RESULTS OF EVALUATION INCLUDING DETAILS, WORK SHEETS AND PAPERS USED TO ACCEPT OR REJECT
SUGGESTION:

IF THIS SUGGESTION IS NOT FEASIBLE AT THIS TIME, WILL IT BE WITHIN 24 MONTHS OF THIS DATE?

WILL THIS SUGGESTION SAVE OR AVOID EXPENDITURES: _____ HOW MUCH? _____

DOES THIS SUGGESTION HAVE VALUE OTHER THAN MONETARY?

IF YES, EXPLAIN:

WILL THE AGENCY USE THIS SUGGESTION IN A MODIFIED FORM?

EVALUATOR'S SIGNATURE

DATE

AGENCY DIRECTOR

DATE